

## INDIANA IMPROVEMENT PLAN

**Component CC.1** – The implementation of a comprehensive, coordinated Child Find system results in the identification, evaluation and assessment of all eligible infants and toddlers.

### Steering Committee Recommendations: Exceeds Expectations

Baseline Information	Improvement Strategies	Evidence of Change and Benchmarks
<p>(Conclusions from Self-Assessment Components, Indicators and other data sources)</p> <ul style="list-style-type: none"> <li>As a result of Indiana's broad eligibility, significant portions of the birth to three populations are eligible for early intervention services and supports. Indiana has chosen to use the percentage of low birth weight babies born in the year as its prevalence rate. The current statewide average for low birth weight is 7.8%. During SFY 2001, First Steps served 7.18% of Indiana's birth to three population. The SPOE data collection system indicates that during SFY 2001, 6.83% of Indiana's population under 1 year old was served by First Steps.</li> <li>The average age of a child at the time of referral is 13.9 months.</li> <li>The Lead Agency utilizes data from state and national resources to monitor child find activities. Quarterly county profile reports are produced and posted on the First Steps web site allowing counties to track their progress as compared to statewide trends.</li> <li>The Lead Agency monitors individual counties that have diverse populations to ensure that appropriate child find activities are conducted to identify those populations. There is significant racial disparity in the low birth weight rate.</li> <li>The Lead Agency has contracted with a firm for the past eight years to produce child find and public awareness materials in a variety of languages and</li> </ul>	<p>(Strategies from Self-Assessment Components, Indicators, and other Improvement sources)</p> <p><b>STATE SYSTEMS AND DATA COLLECTION</b></p> <ul style="list-style-type: none"> <li>The Division of Family and Children will continue to post quarterly county profile reports to facilitate local and state monitoring of the numbers of children served based on county representation and demographics. <i>The County Profile Reports continue to be posted on the FS web-site on a quarterly basis.</i></li> <li>By December 31, 2002, a document will be prepared and distributed to the System Points of Entry that will define referral sources and clarify the process for more consistent data entry of primary and secondary referrals to First Steps.</li> </ul> <p><b>LOCAL SYSTEMS, INFORMATION DISSEMINATION AND CAPACITY BUILDING</b></p> <ul style="list-style-type: none"> <li>By April 1, 2003, outcome based contracting will be implemented with local planning and coordinating councils that includes outcomes that represent appropriate numbers of children expected to be identified and served in each county.</li> <li>The Division of Family and Children will continue collaboration with Department of</li> </ul>	<p>(How improvement will be measured)</p> <p><b>Evidence of Change:</b> All eligible infants and toddlers are identified and evaluated.</p> <p><b>Benchmarks:</b></p> <ul style="list-style-type: none"> <li>By June 30, 2003, the number of children referred by physicians and NICU's is maintained (20%) or increases. <i>For the 12-month period ending June 30, 2002, physicians and NICUs were the primary referral source for 32% of all referrals.</i></li> <li>By June 30, 2003, the average age of a child at time of referral to First Steps will be maintained at 13.9 months or decrease. <i>As of September 30, 2002, the statewide average age at referral was 13.5.</i></li> <li>By June 30, 2003, the number of Healthy Families' referrals will increase to 350.</li> <li>By December 31, 2003, First Steps will serve 7.4% of Indiana's birth to three population. <i>As of September 30, 2002, the</i></li> </ul>

<p>formats that are available at time and material cost to the local counties. The bold graphic and bright colors have created a public “identify” for First Steps. First Steps also publishes a quarterly magazine called KIDSteps. The lead article in each issue is now being printed in both English and Spanish.</p> <ul style="list-style-type: none"> <li>Local Planning and Coordinating Councils are responsible for child find and public awareness and must include their action plan for specific activities for their county in their annual request for funds. The success of these plans is supported by the significant growth in number of children served over the last four years.</li> <li>Implementation of legislation requiring newborn hearing screens has greatly facilitated referral of newborns into the system.</li> <li>Data indicates that for SFY 2001, 23 separate and distinct referral sources were identified. From 1997 to 2000, NICU/Hospital referrals increased from 13% to 21% of total referrals to First Steps. For that same time period, physician referrals increased from 12% to 20% of total referrals.</li> <li>Healthy Families Indiana was the primary referral source to First Steps for 300 children in SFY 2001.</li> <li>Public Forum input included 32 persons indicating that physicians were not making referrals due to a “wait and see” attitude.</li> </ul>	<p>Health to facilitate referrals from newborn hearing screens, CSHCS and other programs.</p> <ul style="list-style-type: none"> <li>By July 1, 2002, new Universal Newborn Hearing Screening regional consultants will be introduced to the state’s service coordinators at required regional meetings. <i>The UNHS consultants made presentations at each of the Regional Service Coordination Meetings in May, 2002.</i></li> <li>The Division of Family and Children will continue collaboration with Healthy Families, Early Head Start, and other programs for young children to facilitate referrals. <ul style="list-style-type: none"> <li>By December 31, 2002, representatives from Healthy Families, Early Head Start, and other community programs for young children will be invited to state service coordinators regional meetings for the purpose of sharing information for the purpose of facilitating referrals to and from these programs. <i>Healthy Families representatives participated in Regional Service Coordination Meetings in May, 2002.</i></li> </ul> </li> <li>In collaboration with the Department of Health, the Division of Family and Children will continue education of local physicians utilizing materials developed through the SPRANS initiative. <i>Additional copies of the physician continuing education materials were distributed to LPCCs requesting these.</i></li> </ul>	<p><i>aggregate number of children served for the 12 months prior was 18,120 which is 6.99% of the state’s birth to 3 population. Indiana’s LBW % was 7.1% for this period.</i></p> <p><b>Evidence of Change:</b> Individual counties identified as of December 31, 2001, as serving less than 60% of the low birth weight population will increase the number of children served:</p> <p><b>Benchmarks:</b></p> <ul style="list-style-type: none"> <li>by 10% of the 2001 count by December 31, 2002.</li> <li>by 20% of the 2001 count by December 31, 2003.</li> </ul>

**Component CC.2** – Families have access to culturally relevant materials that inform and promote referral of eligible infants and toddlers to the child find system.

**Steering Committee Recommendations: Meets Expectations**

Baseline Information	Improvement Strategies	Evidence of Change and Benchmarks
<p>(Conclusions from Self-Assessment Components, Indicators and other data sources)</p> <ul style="list-style-type: none"> <li>▪ Family Rights, Combined Enrollment form, and How to Get Help brochures are available in Spanish.</li> <li>▪ Each county is required to develop a public awareness plan that promotes the referral of infants and toddlers in their community that represents the county demographics. <ul style="list-style-type: none"> <li>▪ 78% of these plans addressed distributing information through local social services agencies <ul style="list-style-type: none"> <li>• 19% reported distributing materials in Spanish</li> <li>• 12% identified specific strategies to reach Amish communities</li> <li>• 34% reported specific activities to target low income families</li> <li>• 28% reported specific activities to target minority and migrant populations</li> </ul> </li> </ul> </li> <li>▪ A committee addressing “Cultural Competency” has been convened to assist the lead agency in identifying avenues to weave culturally competent practices into the training, publications, and practices employed by the First Steps program.</li> </ul>	<p>(Strategies from Self-Assessment Components, Indicators and other Improvement sources)</p> <p><b>STATE SYSTEMS</b></p> <ul style="list-style-type: none"> <li>▪ By December 31, 2002, the Diversity Taskforce of the ICC will assess the need to translate state forms.</li> <li>▪ By June 30, 2003, identified forms will be translated and made available for use at the local level.</li> </ul> <p><b>LOCAL SYSTEMS, INFORMATION DISSEMINATION, AND CAPACITY BUILDING</b></p> <ul style="list-style-type: none"> <li>▪ By December 31, 2002, First Steps will identify resources at state and county level to support outreach to diverse populations and distribute to local planning and coordinating councils at a Leadership Conference planned for Fall/Winter, 2002.</li> </ul> <p><b>TRAINING</b></p> <ul style="list-style-type: none"> <li>▪ By October 1, 2002, a statewide event on cultural competency sponsored by the Division of Exceptional Learners will be held. <i>On August 16, 2002, a conference featuring a nationally recognized speaker, Guadalupe Lara, was held. Over 100 participated. On September 9, 12, and 16, 2002, follow-up intensive seminars on cultural competency were held in the north, central and southern regions of the state.</i></li> </ul>	<p>(How improvement will be measured)</p> <p><b>Evidence of Change:</b> Increasing number of translated forms and culturally relevant informational materials are available for use during intake, eligibility determination, and IFSP development.</p> <p><b>Benchmarks:</b></p> <ul style="list-style-type: none"> <li>▪ By December, 2003, 100% of LPCC's and SPOE's will report to the lead agency that they have access to translated forms and informational materials they need.</li> </ul>

	<ul style="list-style-type: none"><li>▪ By October 1, 2003, First Steps will partner with the Diversity Taskforce to convene a conference devoted to raising community awareness of cultural issues.</li><li>▪ These events will be open to providers from Part B, C, and other community programs, as well as families.</li></ul>	
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